2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004814

Entity Name: AFRIKAN VIOLETZ, INC.

FILED Apr 26, 2007 Secretary of State

POB 614021 12722 SW 265 STREET MIAMI, FL 33261 HOMESTEAD, FL 33032

Current Mailing Address: New Mailing Address:

POB 614021 POB 924700

MIAMI, FL 33261 PRINCETON, FL 33092

FEI Number: 35-2232668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, ANITA D 12722 SW 265 ST

HOMESTEAD, FL 33032 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BUCHANAN, DEBORAH MOORE, ANITA D Name: Name: Address: 1240 NE 113TH TRL 6 Address: 12722 SW 265 STREET City-St-Zip: MIAMI, FL 33161 City-St-Zip: HOMESTEAD, FL 33032

Title: Title: () Delete (X) Change () Addition

JONES, JIMMIE Name: Name: DAVIS, LINA

Address: 12456 SW 203 TRL Address: 22736 SW 114 PLACE City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33170

VΡ Title: () Delete Title: (X) Change () Addition MOORE, ANITA Name: WILLIAMS, LAURA S Name:

12722 SW 265 ST 11902 SW 196 TERRACE Address: Address: City-St-Zip: ISLAMORADA, FL 330362 City-St-Zip: MIAMI, FL 33177

Title: () Delete Title: (X) Change () Addition

Name: DAVIS, SHUNTAN Name: MERRELL, VALERIA 3252 FOXCROFT RD 313 14091 SW 154 COURT Address: Address: City-St-Zip: HOLLYWOOD, FL 33025 City-St-Zip: MIAMI, FL 33196

Title: Title: () Change (X) Addition

() Delete JONES, JIMMIE

Name: Name:

12456 SW 203 TERRACE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA MOORE Ρ 04/26/2007